CLAIMS AS	(Column 1)		mn 2)	_	MALL EN		OR	OTHER SMALL	
TOTAL CLAIMS	1.5			·Ε	RATE	FEE		RATE	FE
FOR	NUMBER FILE	NOMB	ER EXTRA	8	asic fee	375:00	OR	BASIC FEE	750
TÓTAL CHÀRGEABLE CLAINS	· 15 minus 2	0= -	0		.X\$ 9≐ :	0	OR	X\$18=	
INDEPENDENT CLAIMS	2 minus	3 = 1	J.	ſ	X42=		OR	XB4=	
MULTIPLE DEPENDENT CLAIM P	RESENT	:		.	+140=	0	OR	+280=	
• If the difference in column 1. is		enter 70° in o	column 2	L	TOTAL	226	OR	TOTAL	_
CLAIMS AS	MENDED - P	ART (I	(Column 3)	•	SMALL	<u> </u>	OŔ	OTHER	
(Column 1): CAUMS AFTER AMERICAN	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RÁTE	ADDI- TIONAL FEE		PATE	AO TIO
Total • 16	Minus	20	. —		X\$ 9'=		OR	X\$18=	
Independent: . 3	Minus .	· 3	-	Ī	X42=		OR	X84=	1
FIRST PRESENTATION OF M	ULTIPLE.DEPEN	DENT CLAIM		ı	+140=		OR	+280≈	
			•	L	TOTAL	·	OR	TOTAL	
5/9/05 (Column 1)		Column 2)	(Column 3)	A	DOIT FEE			ADONT, FEE	-
CLAIMS		HIGHEST		F		ADDI-	•		AD
REMARNING AFTER AMENDALENT	P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIO
a Total 16	Minus ••	20	. —	lſ	X\$ 9=		OR	X\$18=	
independent . 3	Minus -	• 3	<u> </u>		X42-		OR	X84+	
FIRST PRESENTATION OF M	ULTIPLE DEPEN	DENTCLAIM		'	+140=	, ·	OR	+280=	1
10/10/15		•	: .	!	TOTAL DOIT, FEE		OR	TOTAL ADDIT: FEE	
(Column 1)		Column 2)	(Column 3)			•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CLAMS CREMAINENG AFTER AMENDMENT	P	MIGHEST NUMBER: REVIOUSLY PAID FOR,	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	AL TIÓ
Total • 5	Minus ***	28	= .		X\$ 9=		OR	X\$18=	1
Total • 5	Mirius	· 3·-		1	X42=	:	OR	X84=	1
FIRST PRESENTATION OF N	NULTIPLE DEPEN	DENT CLAIN		!		-		+280=	†
• If the entry in column to be less than			:	L	+1,40=		OR	+20U# • TOTAL	<u>t </u>